Algorithm #1
Lumbo-Pelvic Region Examination

Red Screen for Potentially Serious Conditions (i.e., Red Flags) including Neurologic Examination when indicated

Clinical Prediction Rule Screening:
- Duration of symptoms <16 days
- No symptoms distal to knee
- FABQ work score < 19
- Detection of lumbar hypomobility
- > 35° hip internal rotation

At Least 3 of 5 Variables Present
Lumbopelvic Region Manipulation

Less Than 3 of 5 Variables Present
Favorable Response

Positive Findings
Consultation with Appropriate Healthcare Provider

Positioning and/or Repeated Movements for Centralization (if indicated)

Centralization/Favorable Response

Lumbar Spine Repeated Movement Exam

Less Than Favorable Response

Lumbar Single Plane Active Mobility Examination

Symptoms Do Not Centralize

Pain Does Not Limit Motion in Available Ranges and/or Pain at End Range Does Not Produce Peripheral Symptoms
To Algorithm #2

Pain During Movement, Pain Limits Motions in Available Ranges, or Movement Produces Peripheral Symptoms

Pain Limited Nerve Mobility (SLR or Slump)
To Algorithm #2

Lateral Shift Procedures and Exercises
Flexion Procedures and Exercises
Extension Procedures and Exercises
Lumbar Stabilization/Modality Procedures
Nerve Entrapment Reduction Procedures

Joe Godges, DPT, MA, OCS

KP So Cal Ortho PT Residency
Algorithm #2
Pelvic Girdle Sagittal Plane Examination

Limited Anterior Innominate Rotation

- Ipsilateral ASIS Superior
- Ipsilateral PSIS Equal

Or

- Ipsilateral ASIS Superior
- Ipsilateral PSIS Inferior

Pelvic Girdle Motion Testing

- Negative

Pelvic Girdle Positional Testing

- Negative

Ipsilateral ASIS Inferior
- Ipsilateral PSIS Superior

Or

- ASIS Equal
- Ipsilateral PSIS Superior

Provocation of Sacrotuberous, and/or Short Posterior Sacroiliac Ligaments

Provocation of Sacrotuberous and/or Short Posterior Sacroiliac Ligaments

Pelvic Girdle Ligament Provocation Testing

- Negative

Go To Algorithm #3 Pelvic Girdle Transverse Plane Examination Algorithm

Posterior Innominate Mobilization Pattern

Inferior Innominate Translation with Posterior Innominate Mobilization Pattern

Provocation of Long Posterior Sacroiliac Ligaments and/or Short Posterior Sacroiliac Ligaments

Inferior Innominate Translation with Anterior Innominate Mobilization Pattern

Anterior Innominate Mobilization Pattern

Provocation of Long and/or Short Posterior Sacroiliac Ligaments

***Must have 2 out of 3 Square Boxes for greater specificity to Treatment Category***
Algorithm #3
Pelvic Girdle Transverse Plane Examination

- Limited Innominate External Rotation (Inflare)
- Ipsilateral ASIS Medial
- Positive ASIS Compression Test
- Provocation of Short Posterior SI Ligament
- Innominate Outflare Mobilization Pattern
- Pelvic Girdle Active Motion Testing (Leg Rotation Test)
  - Negative
  - Pelvic Girdle Positional Testing
  - Negative
  - Pelvic Girdle Ligament Provocation Testing
  - Negative
  - Go To Algorithm #4 Lumbar Mobility Examination

- Limited Innominate Internal Rotation (Outflare)
- Ipsilateral ASIS Lateral
- Positive ASIS Distraction Test
  (Suspect Anterior SI Ligament Involvement)
- Innominate Inflare Mobilization Pattern
Algorithm #4

Lumbar Spine Segmental Mobility Examination

Movement/Pain Relationship with Active Side-Bending

No pain group

Flexion Manipulation Group
(Contralateral Lumbar Pain)

Extension Manipulation Group
(Ipsilateral Lumbar Pain)

Transverse Process Symmetry

Sitting Flexed Position
Palpable positional asymmetry on
Left
Right

Prone Extended Position
Palpable positional asymmetry on
Left
Right

Resistance with P-A Pressures
Unilat PA’s Reproduce Symptoms

Resistance/Hypomobile Segment

Resistance/Hypomobile Segment

Segmental Muscle Hypertonicity

No
Yes
Add STM if Present

Neutral and/or Flexion/SB/Rot Spinal Manipulation Procedures

Neutral and/or Extension/SB/Rot Spinal Manipulation Procedures

To Algorithm #5
**Algorithm #5**

**Associated Impairments**

Provide intervention intended to normalize impairments felt to be strongly associated with the patient’s symptoms or functional limitations

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<th>Muscle Strength/Motor Control Deficits</th>
<th>Coordination Deficits</th>
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<td>Hip Flexors</td>
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